03/28/2016 20 : 00

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## FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		SBURSEI Authorized Com			Office	e Use Only
NAME OF COMMITTEE (in f	TYPE OR PRII	•	ample: If typing, er the lines.	type 12	FE4M5	
Susan Narvaiz	for Congress					
ADDRESS (number and	street)	R WORLD DRIVE SUI	TE 304			
Check if differ than previous reported. (AC	sly SAN MARCO	DS		TX	78666	
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CITY ▲		STATE	<b>A</b>	ZIP CODE
C C00504332	2	3. IS THIS REPORT	NEW (N)	OR X	AMENDED (A)	STATE ▼ DISTRICT  TX 35
(a) Quarterly Rep	PORT (Choose One) ports:  Quarterly Report (Q1)  Quarterly Report (Q2)	(b) 12-Day <b>PRE</b>	-Election Report Primary (12P) Convention (12	G	ieneral (12G) pecial (12S)	Runoff (12R)
	15 Quarterly Report (Q3)	Election on	M   M /	D D / Y Y	, Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>POS</b>	T-Election Repor	t for the:		
		ш	General (30G)	R	unoff (30R)	Special (30S)
Terminati	on Report (TER)	Election on	M M /	D D / Y Y	YYY	in the State of
5. Covering Period	M M / D D D 01	/	through	03		Y " Y " Y 2015 "
	amined this Report and	-	nowledge and be	lief it is true, co	rrect and com	aplete.
Type or Print Name of Signature of Treasurer		ovsky	[Electronically File	ed] Date	M M /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	alse, erroneous, or incomp	lete information may	subject the perso	n signing this Re	port to the per	nalties of 2 U.S.C. §437g.
Office Use Only						EC FORM 3 Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 14

Write or Type Committee Name

### Susan Narvaiz for Congress

01 03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 1000.00 1000.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 1000.00 1000.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 1053.86 18806.04 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1053.86 18806.04 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 145.05 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 95043.46 Schedule C and/or Schedule D).....

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

## Susan Narvaiz for Congress

01 01 2015 03 31 2015 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	· ·	0.00	0.00	
	(ii) Unitemized(iii) TOTAL of contributions	0.00		
	from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) The Candidate	1000.00	1000.00	
	(e) TOTAL CONTRIBUTIONS (other than loans)			
	(add Lines 11(a)(iii), (b), (c), and (d))	1000.00	1000.00	
2.	TRANSFERS FROM OTHER			
	AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	1000.00	
	Garididate			
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1000.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES	200	222	
	(Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS	10.01		
	(Dividends, Interest, etc.)	13.24	14.02	
6.	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15)			
	(Carry Total to Line 24, page 4)	1013.24	2014.02	

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	1053.86	18806.04
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	2000.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	2000.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1053.86	20806.04
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	185.67
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	1013.24
25.	SUBTOTAL (add Line 23 and Line 24)		1198.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	1053.86
27	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	145.05

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 5 OF 14 Use separate schedule(s) (check only one) for each category of the X 11d 11a 11b 11c Detailed Summary Page 12 13a 13b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Susan Narvaiz for Congress Full Name (Last, First, Middle Initial) SUSAN NARVAIZ Date of Receipt Mailing Address 102 WONDER WORLD DRIVE SUITE 304 01 2015 03 PMB 304 City State Zip Code Transaction ID: SA11D.7365 TX 78666 SAN MARCOS FEC ID number of contributing Amount of Each Receipt this Period H2TX35029 federal political committee. 500.00 Name of Employer Occupation Self-employed Consultant Memo Item Campaign Contribution Receipt For: 2014 Election Cycle-to-Date | Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) SUSAN NARVAIZ Date of Receipt Mailing Address 102 WONDER WORLD DRIVE SUITE 304 04 2015 PMB 304 City State Zip Code Transaction ID: SA11D.7366 SAN MARCOS TX 78666 FEC ID number of contributing C Amount of Each Receipt this Period H2TX35029 federal political committee. 500.00 Name of Employer Occupation Consultant Self-employed Memo Item Campaign Contribution Receipt For: 2014 Election Cycle-to-Date Primary General 2000.00 Other (specify) C.

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address  City	State Zip Code	M M M / D D / Y M Y M Y
	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
		1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 14 (check only one)		
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	ay not be sold or used by any			
NAME OF COMMITTEE (In Full) Susan Narvaiz for Congress				
Full Name (Last, First, Middle Initial)  A. A Perfect Office Solution		Date of Disbursement		
Mailing Address P.O. Box 3647		01 12 2015		
City State Pflugerville TX	Zip Code 78691	Amount of Each Disbursement this Period		
Purpose of Disbursement Accounting Services	001	455.00 Memo Item		
Candidate Name Susan Narvaiz for Congress	Category, Type	_   🗀		
Office Sought:    House   Disbursement For	General			
Full Name (Last, First, Middle Initial)  A Perfect Office Solution		Date of Disbursement		
Mailing Address P.O. Box 3647		03 / 19 / Y Y Y Y		
City State Pflugerville TX	Zip Code 78691	Amount of Each Disbursement this Period		
Purpose of Disbursement Accounting Services	001	308.75 Memo Item		
Candidate Name Susan Narvaiz for Congress	Category, Type			
Office Sought:    X	General			
Full Name (Last, First, Middle Initial)  C. Authorize.net		Date of Disbursement		
Mailing Address P.O. Box 947		01 D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D		
•	p Code 4003-0947	Amount of Each Disbursement this Period		
Purpose of Disbursement Bank card fees	001 Memo Item			
Candidate Name Susan Narvaiz for Congress	Category, Type	_   _		
Office Sought:    House   Disbursement For	General			
SUBTOTAL of Disbursements This Page (optional)		799.55		

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 OF 14 (check only one)		
	Detailed Summary Page	20a 20b 20c 21		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and				
NAME OF COMMITTEE (In Full)				
Susan Narvaiz for Congress				
Full Name (Last, First, Middle Initial)		Date of Disbursement		
A. Authorize.net		Date of Dispursement		
Mailing Address P.O. Box 947		01 05 2015		
City State	Zip Code	Amount of Each Disbursement this Period		
American Fork UT  Purpose of Disbursement	84003-0947	10.00		
Bank card fees	001	Memo Item		
Candidate Name	Category	_   🗠		
Susan Narvaiz for Congress  Office Sought: House Disbursement Fo	Type r: 2014	Transaction ID : SB17.7372		
Senate Primar				
State: TX District: 35				
Full Name (Last, First, Middle Initial)  B. Authorize.net		Date of Disbursement		
Mailing Address P.O. Box 947	02			
City State	Zip Code	Amount of Each Disbursement this Period		
American Fork UT  Purpose of Disbursement	84003-0947	35.80		
Bank card charges	001 Memo Item			
Candidate Name Susan Narvaiz for Congress	Category. Type			
Office Sought: X House Disbursement Fo	**	Transaction ID : SB17.7375		
Senate X Primar	y General (specify)			
State: TX District: 35	opcony)			
Full Name (Last, First, Middle Initial)				
c. Authorize.net		Date of Disbursement		
Mailing Address P.O. Box 947		02 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
•	Zip Code 84003-0947	Amount of Each Disbursement this Period		
Purpose of Disbursement Bank card fees	30.00 Memo Item			
Candidate Name	/ Memo item			
Susan Narvaiz for Congress  Office Sought:  House Disbursement Fo	Transaction ID : SB17.7378			
Senate Primar Other				
State: TX District: 35				
SUBTOTAL of Disbursements This Page (optional)		75.80		

TOTAL This Period (last page this line number only).....

Τ	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	of the Page	FOR LINE NUMBER: PAGE 8 OF 14 (check only one)    X   17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  Susan Narvaiz for Congress			
Α.	Full Name (Last, First, Middle Initial)  Authorize.net  Mailing Address P.O. Box 947  City State American Fork UT  Purpose of Disbursement Bank card fees  Candidate Name Susan Narvaiz for Congress  Office Sought: House Senate President President Other (s	General	001 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial)  Authorize.net  Mailing Address P.O. Box 947  City State  American Fork UT  Purpose of Disbursement Bank card fees  Candidate Name  Susan Narvaiz for Congress  Office Sought: House Senate Primary President State: TX District: 35  Full Name (Last First Middle Initial)	General	001 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y  O3 / Q3 / 2015  Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID: SB17.7381
С.	Full Name (Last, First, Middle Initial)  Mailing Address  City State Zi  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary President President State: District:	General	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y  Amount of Each Disbursement this Period  Memo Item
s	UBTOTAL of Disbursements This Page (optional)			45.80

TOTAL This Period (last page this line number only).....

921.15

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

×	13a
	13b

DANS			for each category Detailed Summary		(check only one)	) >	13a 13b
AME OF COMMITTEE (In Full Busan Narvaiz for Cor			Trai	nsaction	ID : SC/10.6402		
LOAN SOURCE Full Name SUSAN NARVAIZ	<u> </u>		Memo Item		ction: 2014 Primary		
Mailing Address 102 WONDER WORLD DRIV PMB 304	E SUITE 304				General Other (specify) ▼		
City	State	ZIP Code		'			
SAN MARCOS	TX	78666					
Original Amount of Loan	Cumulativ	ve Payment To D	ate	Balance	Outstanding at Clo	se of Thi	s Period
	10000.00	, ,	8000.00		7 7	2000.0	00
Date Incurre		Date Due	Interest	Rate 0.00	% (apr)	Secured:	×
List All Endorsers or Guar	rantors (if any) to Loan Sou	urce				Yes	No
1. Full Name (Last, First, N			Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:			-	]
2. Full Name (Last, First, M	liddle Initial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Cod	le	Amount Guaranteed Dutstanding:				]
3. Full Name (Last, First, M	liddle Initial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Cod	le	Amount Guaranteed Dutstanding:	- 7		-	]
4. Full Name (Last, First, M	liddle Initial)	1	Name of Employer				
Mailing Address		(	Occupation				
City	State ZIP Cod	le	Amount Guaranteed Dutstanding:	7		-	]
SUBTOTALS This Period This	Page (optional)		·····		7	2000.0	00
TOTALS This Period (last pag	e in this line only)		·····		7		
Carry outstanding balance on	ly to LINE 3, Schedule D, fo	or this line. If no	Schedule D, carry	forward	to appropriate lin	e of Sun	mary.

Use separate schedule(s) for each category of the

FOF

R LINE NUMBER:		
eck only one)	×	
		13

PAGE 10 OF

DANS			Detailed Summary Pa		
AME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.6403	
Susan Narvaiz for Cong	ress				
LOAN SOURCE Full Name ( SUSAN NARVAIZ	Last, First, Middle	e Initial)	Memo Item	Election: 2014 Primary General	
Mailing Address 102 WONDER WORLD DRIVES PMB 304	SUITE 304			Other (specify)	
City	St	ate ZIP Co	de		
SAN MARCOS		TX 78666			
Original Amount of Loan	5000.00	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period 5000.00	
TERMS _					
Date Incurred	ž014 Y	Date Due	Interest Rat	00 % (apr)	
List All Endorsers or Guarar	ntors (if any) to L	oan Source		Yes No	
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	2	
UBTOTALS This Period This Page (optional)					
TOTALS This Period (last page i	OTALS This Period (last page in this line only)				
Carry outstanding halance only	to LINE 3 School	ule D for this line If	no Schedule D. carry for	ward to appropriate line of Summary.	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11

×	13a
	13b

DANS		for each category of t Detailed Summary Page	
AME OF COMMITTEE (In Fu		Transac	ction ID : SC/10.6411
LOAN SOURCE Full Nam SUSAN NARVAIZ	ne (Last, First, Middle Initial)	Memo Item	Election: 2014 Primary
Mailing Address 102 WONDER WORLD DRI PMB 304	VE SUITE 304		General Other (specify) ▼
City	State	ZIP Code	
SAN MARCOS	TX	78666	
Original Amount of Loan	Cumulative Pay		ance Outstanding at Close of This Period
	9000.00	0.00	9000.00
TERMS  Date Incurr  M08  Date Incurr	red Da	ate Due Interest Rate	e Secured:
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
Full Name (Last, First,	• • • • • • • • • • • • • • • • • • • •	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period Thi	is Page (optional)	·····	9000.00
FOTALS This Period (last pa	ge in this line only)		
Carry outstanding balance of	only to LINE 3, Schedule D, for this	line. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE

NUMBER:		
nly one)	X	13a
		13k

14

PAGE 12 OF

JANS .			Detailed Sumn	nary Page	(Check only o	· —	13b
AME OF COMMITTEE (In Full) Susan Narvaiz for Congress				Transaction	ID : SC/10.7135		
LOAN SOURCE Full Name (Last, F SUSAN NARVAIZ	irst, Middle Initial)		Memo Ite		ection: 2014 Primary		
Mailing Address 102 WONDER WORLD DRIVE SUITE PMB 304	304				General Other (specify)	▼	
City	State	ZIP Code		L			
SAN MARCOS	TX	78666					
Original Amount of Loan	Cumulative Pay	yment To Dat	Э	Balance	Outstanding at (	Close of This	Period
3000.	00	,	0.00		, ,	3000.00	Ш
Date Incurred  M 10 P 27 Y 2014	Y M M / D D	Date Due	Inter	rest Rate 0.00	% (apr)	Secured:	
List All Endorsers or Guarantors (	f any) to Loan Source				70 (api)	Yes	No
1. Full Name (Last, First, Middle In		Na	me of Employe	er			
Mailing Address		Oc	cupation				
City	State ZIP Code	Gu	nount aranteed tstanding:		, .		
2. Full Name (Last, First, Middle Ini	ial)	Na	me of Employe	er			
Mailing Address		Oc	cupation				
City	State ZIP Code	Gu	nount aranteed tstanding:				
3. Full Name (Last, First, Middle Ini	ial)	Na	me of Employe	er			
Mailing Address		Oc	cupation				
City	State ZIP Code	Gu	nount aranteed tstanding:				
4. Full Name (Last, First, Middle Ini	ial)	Na	me of Employe	er			
Mailing Address		Oc	cupation				
City	State ZIP Code	Gu	nount aranteed tstanding:				
<b>UBTOTALS</b> This Period This Page (o	otional)				7	3000.00	
OTALS This Period (last page in this	line only)				7 7		
Carry outstanding balance only to LIN	E 3, Schedule D, for this	s line. If no S	Schedule D, ca	arry forward	to appropriate	line of Summ	nary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 13 OF

×	13a
	13b

DANS			Detailed Summa		(check only one)	-	13a 13b
AME OF COMMITTEE (In Full) Susan Narvaiz for Congres	e		Т	ransaction	ID : SC/10.7170		
		11 1 20 15					
SUSAN NARVAIZ	, First, Mid	die initial)	Memo Iter		ection: 2014 Primary General		
Mailing Address 102 WONDER WORLD DRIVE SUIT PMB 304	E 304				Other (specify)		
City		State ZIP Co	de	'			
SAN MARCOS		TX 78666					
Original Amount of Loan		Cumulative Payment To	Date	Balance	Outstanding at Close of	This F	erio
100	0.00	9	0.00		10	00.00	
TERMS  Date Incurred		Date Due	Intere	st Rate	Secure	ed:	
M 11 Y 24 D / Y 2014	Y	M M / D D / Y	YYY	0.00	<b>%</b> (apr)	×	
List All Endorsers or Guarantors	(if any) to	Loan Source			Ye	<u> </u>	<u>No</u>
1. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	,	7		
2. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
			Amount			_	
City	State	ZIP Code	Guaranteed Outstanding:			ш	
3. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
			Amount			_	
City	State	ZIP Code	Guaranteed Outstanding:			_	
4. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
			Amount			_	
City	State	ZIP Code	Guaranteed Outstanding:	7	y	Ш	
							_
UBTOTALS This Period This Page	(optional)		·····	<u> </u>	100	00.00	닏
OTALS This Period (last page in thi	s line only	)	·····		2000	00.00	
Carry outstanding balance only to L	INE 3, Sch	edule D, for this line. If	no Schedule D, car	ry forward	to appropriate line of \$	Summ:	ary.

## SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

NAME OF COM	MITTEE (In Full)	
Susan	Narvaiz for	r Congress

Susan Narvaiz for Cong	ress	
A. Full Name (Last, First, Middle Initial) of Debtor SUSAN NARVAIZ		Nature of Debt (Purpose):  Expense Reimbursement Set Up Office, Supplies, Testing The Waters
Mailing Address 102 WONDER WORLD DRIVE SU PMB 304	JITE 304	
City State	Zip Code	
SAN MARCOS	TX 78666	
Outstanding Balance Beginning This Period		Transaction ID: SD10.4106
14496.13		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	14496.13
B. Full Name (Last, First, Middle Initial) of Debtor of Nexus	or Creditor	Nature of Debt (Purpose): Printing
Mailing Address 101 Thermon Drive		
City State San Marcos	Zip Code TX 78666	
Outstanding Balance Beginning This Period 431.23  Amount Incurred This Period 0.00	Payment This Period	
C. Full Name (Last, First, Middle Initial) of Debtor Sedona Staffing Services	or Creditor	Nature of Debt (Purpose): Staffing Services
Mailing Address 600 - 35th Avenue		
City Moline	State Zip Code IL 61265	
Outstanding Balance Beginning This Period 60116.10	Power of This Post of	Transaction ID : SD10.5151
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	60116.10
1) SUBTOTALS This Period This Page (optional)		> 75043.46
2) TOTALS This Period (last page this line number o	> 75043.46	
3) TOTAL OUTSTANDING LOANS from Schedule C	> 20000.00	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page on	95043.46